City of Boston Rental Relief Fund Funding Acceptance Letter

Office of Housing Stability 43 Hawkins Boston, MA 02114	Expiration Date	
Months covered by RRF award		
Tenant(s) Name:		
The Rental Relief Fund (RRF) Adminanced Participant (must insert "N/A Monthly Rent Amount	ering Agency intends to provide the following financial assistance on behalf of the Not Applicable): \$	above
Arrears Owed	\$	
Future stipend		
Moving expenses		
Total Amount of Rental Assistance	(up to eighteen months of rental assistance for arrears, stipends, ar	nd/or or
moving expenses not to exceed \$15,		
Address). I certify that by accepting portain and providing that by accepting provided and providing that by accepting provided and providing that by accepting provided and providing that by a gree to reinstate that by a gree to notify the providing and provided and providing that by a gree to return the providing and providing that by a gree to return the providing and providing that by a gree to return the providing and providing that by a gree to return the providing and providing that by a gree to return the provid	eviction case if rental arrears are covered by this assistance. Office of Housing Stability if there are any changes in Participant's tenancy in at least one mediation session with mediators at the Office of Housing Stability	oy this if any bly with ere ving is such ra legal ne he date
Property Owner/Agent Signature	RRF Administering Agency Staff Signature	
Property Owner/Agent Name	RRF Administering Agency Staff Name & Title	
Property Owner/Agent Phone	Date Letter Signed:	
Contact information for the Office	Housing Stability:	

(Email) rrf@boston.gov (Phone) 617-635-4200